



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

J THOMAS DILGER MD

**Respondent Name**

STANDARD FIRE INSURANCE CO

**MFDR Tracking Number**

M4-14-0142-01

**Carrier's Austin Representative**

Box Number 05

**MFDR Date Received**

September 12, 2013

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "This is a Designated Doctor Exam performed on 11/16/12. Despite multiple attempts to collect on this claim, the insurance carrier is attempting theft of services rendered. The DDE & claim were faxed to the carrier on 11/23/12. Therefore, MDR is filed via certified mail with receipt."

**Amount in Dispute:** \$500.00 + interest

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Carrier issued payment to Dr. Dilger on October 2, 2013. No EOB available yet but please see attached payment screen. Carrier is requesting that Dr. Dilger withdraw the MFDR as soon as he receives this payment."

**Response Submitted by:** Flahive, Ogden & Latson

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 16, 2012	CPT Code 99456-WP-W5	\$500.00 + interest	\$13.67

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §134.130 sets out the procedures for Interest for Late Payment on Medical Bills and Refunds.
2. 28 Texas Administrative Code §133.240 sets out the procedures for Medical Payments and Denials.
3. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
4. 28 Texas Administrative Code §134.204 sets out the fee guideline for workers' compensation specific services.
5. Texas Labor Code §413.019 sets out procedures for Interest Earned for Delayed Payment, Refund, or Overpayment regarding medical services and fees.
6. Texas Labor Code §401.023 sets out the procedures for Interest or Discount Rate.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - No denial reasons provided

## Issues

1. What is the maximum allowable reimbursement for disputed procedure code 99456-W5-WP?
2. Is the requestor entitled to reimbursement for interest accrued for disputed services?
3. Is the requestor entitled to reimbursement?

## Findings

1. Per 28 Texas Administrative Code §134.204(j)(3)(C) states "An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." and §134.204(4)(C)(ii)(I) states "\$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used."

Review of the submitted documentation provided by the requestor finds maximum medical improvement and impairment rating evaluation with diagnosis related estimate performed to one body area examined.

Therefore, the total allowable reimbursement is \$500.00 in accordance with 28 Texas Administrative Code §134.204(j)(3)(C) and §134.204(4)(C)(ii)(I).

However, the respondent provided an explanation of benefit dated October 02, 2013 supporting payment issued to the provider in the amount of \$500.00. The requestor also provided documentation stating "partially paid on October 17, 2013. Interest is accruing & is owed."

2. Per 28 Texas Administrative Code §134.130 additional reimbursement is due for interest in the amount of \$13.67.

Therefore, additional reimbursement in the amount of \$13.67 is due for interest.

3. The Division concludes that the allowable reimbursement of \$13.67 is due for interest. The respondent issued payment in the amount of \$0.00 for interest. Based upon the submitted documentation, additional reimbursement in the amount of \$13.67 is due for interest.

## Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$13.67.

## **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$13.67 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

## Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

12/30/14  
\_\_\_\_\_  
Date

## **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**